

**Job Corps Data Collection Instrument  
Question by Question Justification**

Content of Questions	Question Numbers	Rationale
<b>Placement Re-Verification for Employers and Educational Institutions (EV &amp; SV)</b>		
<p>Verification of Employment</p> <p>Verification of School/Training Experience</p>	<p>EV1 – EV7</p> <p>SV1 – SV6</p>	<p>These instruments include a series of questions designed to re-verify the student’s initial job or school placement with employers and educational institutions. Questions are included to assess whether the student met the Job Corps definition of “being placed” for different placement categories, including: part- or full-time employment, school/training, job and college combination, or OJT/subsidized placement. The purpose of the re-verification is to monitor the services provided by placement contractors to ensure that contract requirements are being met and students are receiving quality services. If responses to the re-verification questions indicate that the placement may not have been valid, a “questionable placement” is identified. Such notations will be used to generate notices to be sent to the appropriate Job Corps office for final determination.</p>

**RE-VERIFICATION OF SCHOOL/TRAINING PLACEMENT  
WITH SCHOOLS OR TRAINING PROGRAMS**

**PROGRAMMER: THIS SURVEY IS FOR STUDENTS WITH PLACEMENT STATUS (PLACED\_ST) CODES 06, 07, 08, 09, 10, AND 12 WHO CANNOT BE LOCATED DURING THE CHECKPOINT.**

May I speak with <NAME OF CONTACT PERSON>? My name is (INTERVIEWER'S NAME) with Decision Information Resources. We work with Job Corps, a national training program for youth. Job Corps is assessing the effectiveness of its program by calling employers to verify employment of former Job Corps students. I am calling to verify the employment of <STUDENT'S NAME>. Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. The collection of this information has been approved under OMB approval number 1205-XXXX, Expiration Date xx/xx/xx. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information.

**INTERVIEWER: SOME SCHOOLS HAVE A POLICY NOT TO VERIFY ENROLLMENT. OTHERS WILL ONLY VERIFY THAT A PERSON WAS ENROLLED AND WILL GIVE NO OTHER INFORMATION. IF YOU FIND THAT THIS IS THE CASE, MARK APPROPRIATE ANSWER IN SV1 AND GO TO THE END.**

SV1. Our records show that (he/she/ <STUDENT'S NAME>) enrolled in <NAME OF SCHOOL/TRAINING PROGRAM> around <DT\_REPORTED FOR SCHOOL>. Is that correct?

- |    |   |                                  |
|----|---|----------------------------------|
| 1  | YES   | SET SCHOOL TO YES AND GO TO SV2. |
| 2  | NO  | GO TO PROGRAM CHECK              |
| -9 | DON'T KNOW  | GO TO END OF INTERVIEW SCRIPT    |
| 3  | WILL NOT VERIFY                                   | GO TO END OF INTERVIEW SCRIPT    |
| 4  | WILL VERIFY ENROLLMENT ONLY, NO OTHER INFORMATION | GO TO END OF INTERVIEW SCRIPT    |

**PROGRAM CHECK: SET QP REASON CODE TO QP\_SCH = 1 GO TO END OF INTERVIEW SCRIPT.**

SV2. And did (he/she) enroll around <DT\_REPORTED FOR SCHOOL>? INTERVIEWER: IF RESPONDENT ALREADY TOLD YOU STUDENT WAS ENROLLED AROUND THIS DATE, MARK "YES".

- |    |            |   |
|----|------------|---|
| 1  | YES        | SET SCHOOL TO YES AND GO TO PROGRAM CHECK AFTER Q. SV3. |
| 2  | NO         |   |
| -9 | DON'T KNOW |   |

SV3. On what date did he/she enroll there? Your best estimate is fine here.

- ENTER DATE [DATE]  
-9 DON' T KNOW

PROGRAM CHECK: THIS QUESTION ONLY FOR PLACE\_ST = 08, 09 AND 12.  
IF PLACE\_ST IN (08,09,12) ASK Q. SV4, ELSE GO TO Q. SV5.

SV4. And was (he/she) expected to attend school/this program at least 20 hours per week?

1	YES	GO TO END OF INTERVIEW SCRIPT
2	NO	GO TO PROGRAM CHECK
-9	DON'T KNOW	

PROGRAM CHECK: SET QUESTIONABLE PLACEMENT REASON CODE. QP\_SCH = 4.  
DISPLAY QP MSG SCREEN AND THEN GO TO END OF INTERVIEW SCRIPT.

PROGRAMMER NOTE: THIS QUESTION FOR PLACE\_ST CODE= 06, 07 COLLEGE  
COMBINATION OR 10 COLLEGE ONLY

SV5. And our records show (he/she) registered for at least (6/9) credit hours around  
<DT\_REPORTED>. Is that correct?

1	YES	GO TO END OF INTERVIEW SCRIPT
2	NO	ASK Q. SV6
-9	DON'T KNOW	ASK Q. SV6

SV6. Was there any time when (he/she) was registered for at least (6/9) credit hours?

1	YES	GO TO END OF INTERVIEW OF INTERVIEW SCRIPT
2	NO	GO TO NEXT PROGRAM CHECK
-9	DON'T KNOW	GO TO NEXT PROGRAM CHECK

PROGRAM CHECK: IF PLACED\_ST = 10 SET QP REASON CODE TO QP\_SCH = 5. IF  
PLACED\_ST = 06 OR 07 SET QP REASON CODE TO QP\_SCH = 7. SHOW QP MSG SCREEN  
THEN DISPLAY END OF INTERVIEW SCRIPT.

END OF INTERVIEW:

That's all the information I need. Thank you for your time today.

## RE-VERIFICATION OF STUDENT EMPLOYMENT WITH EMPLOYER

PROGRAMMER NOTE: THIS SURVEY IS FOR STUDENTS WITH PLACEMENT STATUS (PLACED\_ST) CODES 01, 02, 03, 04, 05, 06, 07, OR 11 WHO CANNOT BE LOCATED FOR A STUDENT SURVEY FOR A 13-WEEK SURVEY. IF PLACED\_ST = 02 OR 04 DETERMINE WHICH WORK VARIABLE TO SET IN Q. EV1 AND Q. EV2.

May I speak with <NAME OF CONTACT PERSON>? My name is (INTERVIEWER'S NAME) with Decision Information Resources. We work with Job Corps, a national training program for youth. Job Corps is assessing the effectiveness of its program by calling employers to verify employment of former Job Corps students. I am calling to verify the employment of <STUDENT'S NAME>. Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. The collection of this information has been approved under OMB approval number 1205-XXXX, Expiration Date xx/xx/xx. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information.

INTERVIEWER: SOME EMPLOYERS HAVE A POLICY NOT TO VERIFY EMPLOYMENT. OTHERS WILL ONLY VERIFY THAT A PERSON WORKED FOR THEIR COMPANY AND WILL GIVE NO ADDITIONAL INFORMATION. IF YOU FIND THAT IS THE CASE, MARK APPROPRIATE ANSWER IN Q. EV1 AND GO TO END OF INTERVIEW.

EV1. Our records show <STUDENT'S NAME> was employed at <NAME OF EMPLOYER>. Is that correct? PROBE: Our records list (his/her) job as <JOB TITLE>.

- |    |  |  |
|----|--|--|
| 1  | YES  | SET WORK1 OR WORK2 TO YES AND GO TO Q. EV3 |
| 2  | NO   | GO TO Q. EV2                               |
| -9 | DON=T KNOW                                       | GO TO END OF INTERVIEW SCRIPT              |
| 3  | WILL NOT VERIFY EMPLOYMENT                       | GO TO END OF INTERVIEW SCRIPT              |
| 4  | WILL VERIFY EMPLOYMENT ONLY NO OTHER INFORMATION | GO TO END OF INTERVIEW SCRIPT              |

EV2. So, you don't have any record or recollection of <STUDENT'S NAME> working there around <DT\_REPORTED>?

- |    |                        |  |
|----|------------------------|--|
| 1  | YES, WORKED THERE      | SET WORK1 OR WORK2 TO YES AND GO TO Q. EV3                 |
| 2  | NO, DID NOT WORK THERE | SET WORK1 OR WORK2 TO NO AND GO TO END OF INTERVIEW SCRIPT |
| -9 | DON=T KNOW             | ..... GO TO END OF INTERVIEW SCRIPT                        |

EV3. INTERVIEWER: IF RESPONDENT ALREADY TOLD YOU STUDENT WORKED THERE AROUND THIS DATE, MARK "YES" AT Q. EV3 AND GO TO Q.EV5.

And did (he/she) begin working around <DT\_REPORTED>?

- 1 YES GO TO Q. EV5
- 2 NO ASK Q. EV4
- 9 DON=T KNOW ASK Q. EV4

EV4. Approximately when did (he/she) begin working there? Your best estimate is fine here.

ENTER DATE [DATE]

- 9 DON=T KNOW.....

EV5. Our records also show (he/she) usually worked at least <HOURS> a week at that job. Is that correct?

- 1 YES GO TO END OF INTERVIEW SCRIPT
- 2 NO
- 9 DON=T KNOW

EV6. Did (STUDENT=S NAME) ever work there at least <HOURS> in a week?

- 1 YES GO TO EV7
- 2 NO GO TO NEXT PROGRAM CHECK
- 9 DON=T KNOW GO TO EV7

PROGRAM CHECK: SET QUESTIONABLE PLACEMENT REASON CODES. DISPLAY QP MSG SCREEN.

IF PLACED\_ST = 01 SET QP\_EM1 = 4

IF PLACED\_ST = 03 SET QP\_EM1 = 3

IF PLACED\_ST = 06 SET QP\_EM1 = 9

IF PLACED\_ST = 07 SET QP\_EM1 = 8

EV7. Did (he/she) earn at least \$5.15 per hour when (he/she) first started that job?

- 1 YES GO TO END OF INTERVIEW SCRIPT
- 0 NO GO TO NEXT PROGRAM CHECK
- 9 DON=T KNOW GO TO END OF INTERVIEW SCRIPT

PROGRAM CHECK: SET QP REASON CODE TO QP\_EM1 = 10. DISPLAY QP MSG SCREEN.

**END OF INTERVIEW SCRIPT:** That is all the information I need. Thank you for your help.

**LETTER TO RE-VERIFY INITIAL EMPLOYMENT WITH EMPLOYERS**

To Whom It May Concern:

Decision Information Resources, Inc.(DIR) is a research and evaluation contractor with the U.S. Department of Labor’s Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. Our records show that the person listed below may be a current or former employee of your company. We would like to verify employment for:

NAME: <NAME> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1. Our records show he/she was employed with your company. Is this correct?

- CIRCLE ONE.
- YES
- NO
- DON’T KNOW

2. And did his/her employment begin around <DATE>.

- CIRCLE ONE.
- YES PLEASE GO TO QUESTION 4.
- NO
- DON’T KNOW

3. On what date did he/she begin working there?

ENTER DATE \_\_\_\_/\_\_\_\_/\_\_\_\_. DON’T KNOW

4. Did he/she work at least <HOURS> per week?

- CIRCLE ONE.
- YES PLEASE GO TO Q. 6
- NO
- DON’T KNOW

5. What are the most hours he/she worked per week?

ENTER HOURS \_\_\_\_\_ DON’T KNOW

6. Did he/she earn at least \$5.15 per hour when he/she first started that job?

- CIRCLE ONE.
- YES
- NO
- DON’T KNOW

Your signature:

Job Title:

Date:

Please return this form in the enclosed envelope or fax it to us at (713) 650-1576. If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Pam Wells Director of DIR CATI Center

Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. The collection of this information has been approved under OMB approval number 1205-XXXX, Expiration Date xx/xx/xx. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Office of Job Corps, Room N-4508, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0426).

**LETTER TO RE-VERIFY INITIAL PLACEMENT WITH HIGH SCHOOL**

To Whom It May Concern:

Decision Information Resources, Inc. is a research and evaluation contractor with the U.S. Department of Labor’s Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your school. We would like to verify enrollment for:

NAME: <NAME> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <XXXX>

1. Our records show he/she was enrolled at your school. Is this correct?

- CIRCLE ONE
- YES
- NO
- DON’T KNOW

2. And did his/her enrollment begin around <DATE>.

- CIRCLE ONE.
- YES **PLEASE GO TO QUESTION 4.**
- NO
- DON’T KNOW

3. On what date did he/she enroll there?

ENTER DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . DON’T KNOW

4. And was this school/training expected to last for at least one term?

- CIRCLE ONE.
- YES
- NO
- DON’T KNOW

Your Signature:

Job Title:

Date:

Please return this form in the enclosed envelope or fax it to us at (713) 650-1576 . If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Pam Wells  
Director of DIR CATI Center

Persons are not required to respond to this collection of information unless it displays a current valid Office of Management and Budget control number. The collection of this information has been approved under OMB approval number 1205-XXXX, Expiration Date xx/xx/xx. On average, it takes about 10 minutes to complete this survey, including time for reviewing instructions, searching data sources, and completing and reviewing the information. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden, please send them to the U.S. Department of Labor, Office of Job Corps, Room N-4508, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0426).

**LETTER TO REVERIFY INITIAL PLACEMENT WITH POST SECONDARY VOCATIONAL OR OTHER TRAINING PROGRAMS**

To Whom It May Concern:

Decision Information Resources, Inc. (DIR) is a research and evaluation contractor with the U.S. Department of Labor's Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your school/training program. We would like to verify enrollment for:

NAME: <NAME> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <XXXX>

1. Our records show he/she was enrolled at your school or training program. Is this correct?

CIRCLE ONE.

YES

NO

DON'T KNOW

2. And did his/her enrollment begin around <DATE>.

CIRCLE ONE.

YES **PLEASE GO TO QUESTION 4.**

NO

DON'T KNOW

3. On what date did he/she enroll there?

ENTER DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . DON'T KNOW

4. And was this student expected to attend at least 20 hours per week?

CIRCLE ONE.

YES

NO

DON'T KNOW

Your Signature

Job Title

Date

Please return this form in the enclosed envelope or fax it to us at (713) 650-1576 . If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Pam Wells  
Director of DIR CATI Center

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**LETTER TO REVERIFY INITIAL PLACEMENT AT COLLEGE**

To Whom It May Concern:

Decision Information Resources, Inc. (DIR) is a research and evaluation contractor with the U.S. Department of Labor’s Job Corps program. Job Corps is interested in assessing the effectiveness of the Job Corps placement program. We are following up on former students who were enrolled in the Job Corps program. Your responses are confidential, and we appreciate your time and assistance. Your participation is voluntary. We understand that the person listed below may be a current or former student at your college. We would like to verify enrollment for:

NAME: <NAME> LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <xxxx>

1. Our records show he/she was enrolled in your college program. Is this correct?

- CIRCLE ONE.
- YES
- NO
- DON’T KNOW

2. And did his/her enrollment begin around <DATE>.

- CIRCLE ONE.
- YES **PLEASE GO TO QUESTION 4.**
- NO
- DON’T KNOW

3. On what date did he/she enroll there?

5. ENTER DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . DON’T KNOW

4. And was this student registered for at least <HOURS> credit hours?

- CIRCLE ONE.
- YES
- NO
- DON’T KNOW

For how many credit hours did this student enroll?

6. ENTER HOURS: \_\_\_\_\_ DON’T KNOW

Your Signature: Job Title: Date:

Please return this form in the enclosed envelope or fax it to us at (713) 650-1576. If you have any questions please contact Decision Information Resources, Inc. at our toll-free number 1-800- XXX-XXXX. Thank you for your prompt cooperation.

Sincerely,

Pam Wells  
Director of DIR CATI Center

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